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TRANSMITTAL FORM

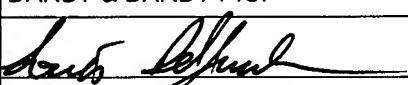
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	1	Application Number	10/017,498
		Filing Date	December 14, 2001
		First Named Inventor	William E. Pence
		Art Unit	3621
		Examiner Name	C. H. Hewitt
		Attorney Docket Number	03652/000K015-US0

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> <input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Certificate of Express Mailing; Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Louis J. DelJudeice		
Date	December 20, 2004	Reg. No.	47,522

Express Mail Label No.

Dated: _____



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 620.00)

Complete if Known

Application Number	10/017,498
Filing Date	December 14, 2001
First Named Inventor	William E. Pence
Examiner Name	C. H. Hewitt
Art Unit	3621
Attorney Docket No.	03652/000K015-US0

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of Credit any overpayments
 fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Small Entity Fee (\$)
 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Small Entity Fee (\$)
 Multiple dependent claims Small Entity Fee (\$)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
_____	_____	_____	_____	_____

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____	/50	(round up to a whole number) x _____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	<input type="checkbox"/> Fees Paid (\$)
Other: 1251 Extension for response within first month	120.00
1402 Filing a brief in support of an appeal	500.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	47,522	Telephone (212) 527-7791
Name (Print/Type)	Louis J. DelJuidice	Date	December 20, 2004	

Express Mail Label No.	Dated: _____
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FEE SUMMARY SHEET

Petition for Extension of Time Under 37 CFR 1.136(a) (PTO SB-22)

Date: December 20, 2004
Time: 3:30 PM
Docket: 03652/000K015-US0

Filing Date: December 14, 2001
Application No: 10/017,498
Total Fee: \$ 620.00

Code	Amount	37 CFR	Fee Description	Listed on
1251	120.00	1.17(a)(1)	Extension for response within first month	Fee Transmittal (PTO SB-17)
1402	500.00	41.20(b)(2)	Filing a brief in support of an appeal	Fee Transmittal (PTO SB-17)



Application No. (if known): 10/017,498

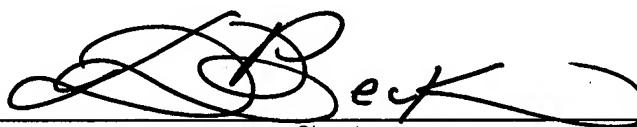
Attorney Docket No.: 03652/000K015-US0

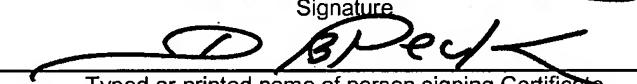
Certificate of Express Mailing Under 37 CFR 1.10

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December 20, 2004
Date


Signature


Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)
One Month Petition for Request for Extension of Time
Under 37 CFR 1.136(a) (1 page).....(\$120.00)
Appeal Brief (in TRIPPLICATE) (15 pages) (\$ 500.00)
Appeal Brief Transmittal (1 page)
Certificate of Express Mailing (1 page)
Return Postcard
Check No: 7063 in the amount of \$ 620.00